



TENNESSEE DEPARTMENT OF CORRECTION

VICTIM / INTERESTED PARTY REQUEST FOR NOTIFICATION

DATE: \_\_\_\_\_

**NOTE:** *It is the responsibility of the victim or victim's representative to provide the Department of Correction with a current mailing address and to keep the department informed of any changes in their mailing address.*

OFFENDER NAME: \_\_\_\_\_ TOMIS ID: \_\_\_\_\_

RACE: \_\_\_\_\_ SEX: \_\_\_\_\_ DOB: \_\_\_\_\_

COUNTY OF CONVICTION: \_\_\_\_\_ CASE NO.: \_\_\_\_\_

The following individual has requested to be notified of: (please check "✓"all that apply)

☐ Parole Hearings ☐ Parole Decisions ☐ Release

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: Home or Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-MAIL ADDRESS (optional) \_\_\_\_\_

*Transmissions over the Internet are not secure. No sender of e-mail has any expectation of privacy, privilege, or confidentiality either in the content of the e-mail message sent, or of the identity of the sender.*

RELATIONSHIP TO VICTIM: **Please check "✓"one:**

☐ Self ☐ Spouse ☐ Parent ☐ Child ☐ Sibling ☐ Grandparent ☐ Grandchild  
☐ Step-parent ☐ Step-child ☐ Step-sibling ☐ Half-sibling ☐ Other

VICTIM'S NAME: \_\_\_\_\_

**MAIL TO:** Tennessee Department of Correction  
Victim Services  
3<sup>rd</sup> Floor, Rachel Jackson Building  
320 6<sup>th</sup> Avenue North  
Nashville, TN 37243-0465

Please direct all questions to **Sheryl DeMott** either by phone at: (615) 741-1000 **ext. 8145**;  
fax: (615) 741-1055; or e-mail [sheryl.demott@state.tn.us](mailto:sheryl.demott@state.tn.us)

**THIS INFORMATION MAY BE SUBJECT TO THE PUBLIC RECORDS ACT PURSUANT TO THE PROVISIONS IN TENNESSEE CODE ANNOTATED, TITLE 10, CHAPTER 7, PART 5.**